U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
	JUL 202005
-	
E	VS DROD

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

****				·		
1. File Number U : 14231 4540		2. Fiscal Year Covered From:				
			1	/1	/ 04	Through: 12 / 31 /04
Name and address of person filing.			4. Name, fi	le number,	and address	s of labor organization.
Name Jud e	e Olwell		Name	1-00	Lmst	95 260 014231
			Labor Or	ganization	File Number	0/4237
P.O. Box, Bldg., Room No., if any RiverTech Centre		ntre	P.O. Box	, Building a	and Room N	umber, if any RiverTech Centre
Street 3700 S	. Water Street, Suite	160	Street	3700	S. Wate	r Street, Suite 160
city Pittsh	ourgh		City	Pittsl	burgh	
State PA	ZIP Code + 4	15203-2365	State	PA		ZIP Code + 4 5203-2365
5. Position in labor organization. Trustee						
Y4						

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any	•					
•	7.b. Amount.					
Street						
City						
State ZIP Code + 4	-6-					

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed July J. Olwell on 7-7-05 724-396-7569
Date Telephone Number